

Iowa School Bus Driver Pre-Trip Inspection Report

School Name _____ **Bus Number** _____ **Week Ending** _____ - _____ - _____

Place ✓ if item is OK and X if there is a problem

[illegible]

Iowa School Bus Driver Pre-Trip Inspection Report

Date _____ - _____ - _____

Indicate defects or deficiencies as marked on other side of form in detail for mechanic.

Driver Signature _____

I, _____ have repaired the above mentioned items on
_____ - _____ - _____ .

Date _____ - _____ - _____

Indicate defects or deficiencies as marked on other side of form in detail for mechanic.

Driver Signature _____

I, _____ have repaired the above mentioned items on
_____ - _____ - _____ .